

Regional Planning Session

The goals of CAPTAIN are to establish trainer of trainers at the local level on ASD and a common set of accepted Evidence Based Practices (EBPs), to connect providers from various agencies in hopes of establishing/strengthening local networks and facilitating cross agency communication and training. There are three main outcomes we are hoping local teams can influence through your collaborative work:

- 1. Increase knowledge about ASD and EBPs within your communities*
- 2. Increase implementation and fidelity of use of the identified EBPs by providers and implementers*
- 3. Improve and increase collaboration between the various agencies serving and supporting individuals with ASD within your communities (e.g. schools, regional centers, FRCs, vendors/nonpublic providers, mental health providers, etc....)*

In order to work toward these outcomes, we have set the following objectives/requirements for the CADRE members:

Requirement of SELPA Nominated Cadre Members:

- Provide at least 1 basic training on autism in your SELPA annually
- Provide at least 3 trainings on specific EBP's in your SELPA annually (EBPs to be determined based on local needs assessment)
- Provide implementation coaching for 3 teachers/programs within your SELPA/School District or Local Education Agency and collect pre and post measures on students and teacher knowledge and implementation of EBPs

Requirements of Regional Center Nominated Cadre Members

- Provide three overview trainings per year on EBPs for Service Coordinators and Regional Center staff
- Provide one overview training of EBPs to vendors each year

Requirements of FRC/FEC/UCEDD Nominated Cadre Members

- Inform your agencies staff of CAPTAIN EBP Resources
- Partner with and support local SELPAs and Regional Centers in providing trainings on EBPs

Collaboration can be the best way to accomplish these outcomes and fulfill the requirements. It can also result in better and more efficient use of training resources. During this time, we want you to think about, share and discuss ways your regional CAPTAIN chapter can work together to accomplish the goals and meet your cadre member requirements.

Brainstorm on Collaboration

What trainings/activities are already taking place that may meet the requirements for CAPTAIN cadre?

How can our organizations work together on training for staff and families?

How can our organizations work together to provide training and updates to each other on relevant policy and practice changes that impact services to those with ASD?

How can our Regional CAPTAIN Chapter connect with other agencies in our area that need to become a part of this network (e.g. Higher Ed., Vendors/Providers, Local Support and Advocacy Groups)?

What project, conference or product could our regional team develop?

Our Regional Plan**Goal Area: Increasing Knowledge About ASD and EBPs in our Community**

Much less than expected <i>(Present Level of Performance)</i> -2	
Somewhat less than expected <i>(Benchmark)</i> -1	
Expected level of outcome <i>(Annual Goal)</i> 0	
Somewhat more than expected <i>(Exceeds annual goal)</i> +1	
Much more than expected <i>(Far exceeds annual goal)</i> +2	

Goal Area: Increase implementation and fidelity of use of the identified EBP by providers and implementers

Much less than expected <i>(Present Level of Performance)</i> -2	
Somewhat less than expected <i>(Benchmark)</i> -1	
Expected level of outcome <i>(Annual Goal)</i> 0	
Somewhat more than expected <i>(Exceeds annual goal)</i> +1	
Much more than expected <i>(Far exceeds annual goal)</i> +2	

Goal Area: *Improve and increase collaboration between the various agencies serving and supporting individuals with ASD*

Much less than expected <i>(Present Level of Performance)</i> -2	
Somewhat less than expected <i>(Benchmark)</i> -1	
Expected level of outcome <i>(Annual Goal)</i> 0	
Somewhat more than expected <i>(Exceeds annual goal)</i> +1	
Much more than expected <i>(Far exceeds annual goal)</i> +2	

***This form should be collected/duplicated by CAPTAIN Leadership.

CAPTAIN PLANNING FORMS | 2014

Our Regional Chapter Name: _____

Our Regional Facilitator and CAPTAIN Liaison Will Be: _____

Our Next regional Meeting Will Be Held: _____

Contact List

NAME	TITLE	AGENCY	PHONE	EMAIL